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## **COVER LETTER**

Division of Corporations	
SUBJECT: SATJALYAN LLC - Name of Limited Liability Company	·
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:	
BHASKER PATEL Name of Person  SAIJALVAN LLC Firm/Company	
PENSACOLA FL 325555  City/State and Zip Code  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:  BHASIAFA PATEU at (850) 549.848740  Name of Person  Daytime Telephone Number	<b>O</b>
Enclosed is a check for the following amount:   \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Status &

TO:

Registration Section -

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAJJALYA (Name of the Limited Liability Compa	ny as it now appea	– C rs on our records.	)	
(A Florida Limited I.	Diability Company)	بمولي	001	2
The Articles of Organization for this Limited Liability Company	were filed on	4128	301	ond assigned
Florida document number L 1 0000 45	124			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the o	lesignation "LLC"	or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		TA'S	2015	
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Enter new mailing address, if applicable:	<del></del>	—————————————————————————————————————		
(Mailing address MAY BE A POST OFFICE BOX)		S. L.	<u> </u>	
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records,	<u>enter</u>	the name of the new
registered agent and/of the new registered office address nerv	<u>⊻•</u>			
Name of New Registered Agent:			· <del>-</del>	
New Registered Office Address:				
	Enter Flo	rida street address		
	Cir	, Flor	rida	Zip Code
	City			гір Соае
New Registered Agent's Signature, if changing Registered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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Filing Fee: \$25.00